

IN THE _____ COURT

(Caption)

Case Number

(To be supplied by Clerk when case is filed.)

APPEARANCE BY ATTORNEY IN CIVIL CASE

Party Classifications: Initiating _____ Responding _____ Intervening _____

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s):

Name: _____

Address: _____

Telephone: _____

2. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 and 77(B) is as follows:

Name _____ Atty. Number: _____

Address: _____ Phone: _____

_____ FAX: _____

_____ Computer Address: _____

[List on continuation page the additional attorneys appearing for above party member(s)]

3. There are other party members: Yes _____ No _____ (If yes, list on continuation page.)

4. If first initiating party filing this case, the Clerk is requested to assign this case the following Case type under administrative rule 8(b)(3): _____

5. I will accept service by FAX at the above noted number: Yes _____ No _____

6. This case involves support issues. Yes _____ No _____ (If yes, supply social security numbers for all family members on continuation page.)

7. There are related cases: Yes _____ No _____ (If yes, list on continuation page)

8. This form has been served on all other parties. Certificate of Service is attached: Yes _____ No _____

9. Additional information required by local rule: _____

Attorney-at-Law
Attorney information shown above